

### STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of Lobbyist(s)	ly A. Silva, Cordell A. Johns	ton, Barbara T. Reid, T	imothy W. Fortier
II. Name of lobbyist's partn	nership, firm or corporation, if a	ny:	
	Municipal Association		
(Name of pa	artnership, firm or corporation)		
25 Triangle Park Drive	Concord	HN t	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) 603.224.7447 (Telephone)	7 ( )	e-mail governme	entalaffairs@nhmunicipal.org
(Telephone)	(Fax		
III. This statement covers: ( reportable expense transact	(Choose one – file separate reportions which are not attributable	rts for each client, OR you to any one client).	may file a separate report for
☐ All reportable transaction	s occurring in the months prior to	the reporting date relative to	the following client:
New Hampshire N	Municipal Association		
	Name of Client as it appears on the Lo	obbyist Registration Form)	
<u>OR</u>			
☐ All reportable transactions unrelated to any particular cli	s by the lobbyist (including the lob ent.	byist's family), or the lobby	ring firm listed below which are
IV. Date of Report Apri	125, 2018 🗆	July 25, 2018 🔀	
Reports cover: activity from	date of registration to 3/31/18	activity from 4/1/18 to 6/30	/18
	ober 31, 2018	January 30, 2019 [ activity from 10/1/18 to 12	
	es received and no reportable te just this form and submit it to the		
VI. Check if additional repo	orts are attached:		
•	or made expenditures, you must f	ile Addendum A– Fees and	l Expenses
☐ If you have paid an honor Expense Reimbursement	rarium or reimbursed expenses, yo	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm, or your	family has made political contrib	utions, you must file Adden	dum C- Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m	B, RSA 14-C and RSA 664 and h	ereby swear or affirm that th	ne foregoing information is true
Jandal &	lin	August 27,	2018
(Signature of low byist)	<u> </u>		Date)
Judy A. Silva			
(Print Name of lobbyist)			

### STATE OF NEW HAMPSHIRE

### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

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**NEW HAMPSHIRE** DEPARTMENT OF STATE

I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barl	bara T. Reid, Timothy W. Fortier
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Municipal Association	
(Name of partnership, firm or corporation)	•
III. Name of Client New Hampshire Municipal Association	ciation Date August 27, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified a to lobbying, including fees for services such as public advocacy, govern including research, monitoring legislation, and related legal work. The reduced by any expenses:	nment relations, or public relations services
a) Total of all fees received in this reporting period	<sub>a)</sub> \$ 28,592.44
b) Total of all fees received this calendar year, prior to this reporting per (This should equal the total of all prior monthly reports for this calendary)	·
c) Total of all fees received to date (Add lines a and b)	<sub>c)\$</sub> 71,389.55
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to eathe lobbyist(s)/firm that are unrelated to any one client a separate repexpenses are to be reported in one of three categories of expenses: (a during the reporting period for salaries, benefits, support staff, and offindividual expenses where the expenditure was of \$25.00 or less (for expense) lobbied, purchase of a ceremonial object given to a person being lobbied,	each client and if expenditures are made by port may be filed for the lobbyist(s)/firm. a) the aggregate total of all expenses paid ice expenses; (b) the aggregate total of all cample: meals purchased during a business of less than \$10 that is given to the person

(c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

a)	Total agg	regate expense	s for this rep	porting per	iod for sala	ries, benefits,
suj	port staff,	and office ex	penses, relat	ed directly	or indirectl	y to lobbying

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

a) \$ 28,592.44

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period	<sub>d)</sub> \$ 28,592.44
(Add lines a, b and c)	e) \$ 42,797.11
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	
f) Total of all expenses year to date	71,389.55
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	bbbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
// // // // // // // // // // // // //	
Judillselie	August 27, 2018
(Signature of lobbylist)	(Date)
Judy A. Silva	
(Print Name of lobbyist)	

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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# RECEIVED SEP 0 4 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Cordell A. Johnston				
Name of Client (leave particular client):	blank if Statement is	for the partnership, firm, or	corporation and not related	to any
Date of Report (check	one):			
April 25, 2018 □	July 25, 2018 🗏	October 31, 2018 🗆	January 30, 2019 □	
		the Statement of Income an nat Statement (insert the nu		
X Addendum A(s	).			
Addendum B(s	).			
Addendum C(s	).			
I hereby swear or affirr complete to the best of		nformation on the Statemen	t and each Addendum is tru	ie and
Que 10 0 10	hat	Aug	gust 27, 2018	
(Signature of lobbyist)			(Date)	
Cordell A. Joh	inston			
(Print Name of lobbyist	<u> </u>	<del></del>		

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## SEP 0 4 2018 NEW HAMPSHIRE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Barbara T.	Reid
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
Date of Report (check	one):		
April 25, 2018	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019 □
•	ums submitted with th		d Expenses described above, and umber of Addendum forms being
Addendum B(			
•	m that the foregoing in fing the first many many many many many many many many		nt and each Addendum is true and
(Signature of lobbyist)	Red	Aug	gust 27, 2018 (Date)
Barbara T. Re	eid		
(Print Name of lobbyis	st)		

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# RECEIVED SEP 0 4 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corp	oration: Barbara T.	Reid	
Name of Client (leave b	olank if Statement is	for the partnership, firm, or	corporation and not related to	any
particular client):				
Date of Report (check o	one):			
April 25, 2018 🗆	July 25, 2018 💄	October 31, 2018 🗆	January 30, 2019 □	
the following Addendu submitted):	SA 15-B, RSA 664, ms submitted with the	the Statement of Income and at Statement (insert the number of the statement)	d Expenses described above, imber of Addendum forms b	and eing
Addendum A(s)	).			
Addendum B(s)	).			
Addendum C(s)				
I hereby swear or affirm complete to the best of r			t and each Addendum is true	and
	Ris	Aug	gust 27, 2018	
(Signature of lobbyist)			(Date)	
Barbara T. Re	id			
(Print Name of lobbyist)	)			